

2001 SUMMER FOOD SERVICE PROGRAM

FAMILY SIZE AND INCOME STATEMENT, STATE OF VERMONT

Eligibility Form

PLEASE COMPLETE THIS SIDE OF THE FORM. Instructions are on the other side of this sheet.

1.	NAME(S) OF CHILD(REN) you are applying for	AGE	NAME(S) OF CHILD(REN) you are applying for		AGE		
	1.		4.				
	2.		5.				
	3.		6.				
2.	Is this application for a FOSTER CHILD ? If yes, <i>list the child's monthly personal use income</i> . (Write "0" if the child has no personal use income), <i>then SKIP TO PART 5</i> of this form.				\$		
3.	If the child lives in a FOOD STAMP HOUSEHOLD or has an ANFC case number , <i>list the number(s)</i> here, <i>then SKIP TO PART 5</i> of this form.			Food Stamp Number:			
				ANFC Case Number:			
4.	List NAMES OF ALL HOUSEHOLD MEMBERS . This includes all people living in the household, whether they are related or not. Use a separate sheet if you need more space.	Enter THE MONTHLY AMOUNT OF INCOME of each household member <i>before</i> taxes or anything else is taken out. (Income Conversion Chart on back.)					
		Gross MONTHLY earnings Job 1	Gross MONTHLY earnings Job 2	MONTHLY child support, alimony, welfare	MONTHLY Social Security, pensions, retirement	Any other MONTHLY income	
5.	SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal Laws.						
	Signature of Adult Household Member			Soc. Sec. #			
	Street/Apt. No.		Home Phone		Work Phone		
	City/State/Zip			Date Signed			
	<small>PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or ANFC case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employees to determine income, contacting a Food Stamp or Welfare Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss of benefits, administrative claims or legal actions if incorrect information is reported.</small>						
THE SPACE BELOW IS FOR SPONSOR USE ONLY							
Total Household Size		Monthly Income \$		INCOME ELIGIBILITY GUIDELINES			
To convert income use these multipliers: Weekly income x 4.33 Income every 2 weeks x 2.15 Income twice a month x 2				Household Size	Yearly Gross Income	Monthly Gross Income	Weekly Gross Income
<input type="checkbox"/> CHECK ELIGIBILITY DETERMINATION <input type="checkbox"/> Free Income Eligible Food Stamp/ANFC Foster Child <input type="checkbox"/> Ineligible Over Income Incomplete Application Other							
<input type="radio"/> CIRCLE REASON (For sponsors with multiple sites) Site enrolled at:				1	\$ 15,448	\$ 1,288	\$ 298
				2	\$ 20,813	\$ 1,735	\$ 401
_____ Date Signature of Determining official (Must be signed to be valid.)				3	\$ 26,178	\$ 2,182	\$ 504
				4	\$ 31,543	\$ 2,629	\$ 607
				5	\$ 36,908	\$ 3,076	\$ 710
				6	\$ 42,273	\$ 3,523	\$ 813
				7	\$ 47,638	\$ 3,970	\$ 917
				8	\$ 53,003	\$ 4,417	\$ 1,020
				For each additional household member add:	\$ 5,365	\$ 448	\$ 104

INSTRUCTIONS FOR COMPLETING FORM ON THE OTHER SIDE OF THIS SHEET

PART 1 (Student Information) *ALL HOUSEHOLDS MUST COMPLETE THIS PART.*

- (a) Print the name(s) of the child(ren) you are applying for. (b) List each child's age.

PART 2 (Household applying for a foster child) Complete this part only if the child listed in Part 1 is a foster child.

- (a) A foster child is the legal responsibility of the state or the court. for clothing, school fees, and allowances; and (2) all other money the child gets, such as money from her/his family and money from the child's full-time or part-time job(s).
- (b) List the foster child's monthly personal use income. If the child has none, write a "0" in that space, or the application may be denied. (d) Skip Part 3 and Part 4.
- (c) "Personal Use Income" is (1) money given by SRS identified by category for the child's personal use, such as (e) In Part 5, a foster parent or other official representing the child must sign the application. The social security number line may be left blank

PART 3 (Food Stamp Households or ANFC Children) Complete this part only if the child is a member of a household receiving food stamps and/or if the child receives ANFC benefits

- (a) List the Food Stamp Number and/or the child's ANFC case number. (b) Skip Part 4 and go to Part 5

PART 4 (All other Households) You must complete this part if you did not complete Part 2 or Part 3. Otherwise your application will be denied because it is incomplete. If you completed Part 2 or Part 3, you should not complete Part 4.

- (a) Write the names of everyone in the household, whether they get income or not. Include yourself, the child(ren) you are applying for, all other children, your spouse, grandparents and other related and unrelated people living in your household. Use another piece of paper if necessary.
- (b) Write the gross amount of income each household member got last month. Gross income is the amount before taxes or anything else is taken out. If last month's income was more or less than usual, write in the usual amount. See the chart to the right for income to report. Use the chart below to convert income not received monthly.

INCOME CONVERSION CHART

If income is received

- II weekly, multiply the amount by 4.33
- II every two weeks, multiply the amount by 2.15
- II twice a month, multiply the amount by 2

INCOME TO REPORT

Earnings from work

- . Wages, salaries, tips . Unemployment compensation
- . Strike benefits . Worker's compensation
- . Net income from self-owned business or farm

Welfare/Child Support/Alimony

- . General Assistance Payments . Alimony Payments
- . Welfare Payments . Child Support Payments

Pensions/Retirement/Social Security

- . Pensions . Veteran's Payments
- . Retirement Income . Social Security
- . Supplemental Security Income (SSI)

Other Income

- . Disability Benefits . Cash withdrawn from savings
- . Interest, dividends . Estate/Trust/ Investment Income
- . Net royalties, annuities, net rental income
- . Regular contributions from persons not living in the household
- . Any other income

PART 5 (Signature and Social Security Number) *ALL HOUSEHOLDS MUST COMPLETE THIS PART.*

- (a) All applications must have the signature of an adult member of the household. write "none" in the space. If you listed a Food Stamp or ANFC number, or if you are applying for a Foster Child, a social security number is not needed.

(b) The application must have the social security number of the adult who signs. If the adult has no social security number,

social security number is not needed.